

FILED OCT 3 1947

1947  
219

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33365

Registration District No. \_\_\_\_\_

Primary Registration District No. 4468

Registrar's No. 55

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE  
(b) City or town ST. MARY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether

In this community LIFE  
years, months or days)

3. (a) PRINT FULL NAME BLANCHE EDITH ROWDEN

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GERALD B. ROWDEN 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased FEB 12 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
42 7 4 ..... hr. min.

9. Birthplace LITHIUM MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business.....

MOTHER FATHER  
12. Name PETER GRAFF  
13. Birthplace PERRY CO. MO.  
(City, town, or county) (State or foreign country)  
14. Maiden name LORETTA CAMBRON  
15. Birthplace PERRY CO. MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Gerald Rowden

(b) Address St. Mary, Mo.

17. (a) BURIAL (b) Date thereof 9-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOME CEMETERY PERRYVILLE MO.

18. (a) Signature of funeral director Geo. C. Sawyer

(b) Address St. Genevieve Mo.

19. (a) 9-20-47 (b) Teresa M. Stahl  
(Date received local registrar) (Registrar's signature) 350

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town ST. MARY  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 16  
year 1947 hour 6 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 4 1947  
to Sept 12 1947  
that I last saw her alive on Sept 13 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration 2 yrs

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Alton Stalcum (M. D. or other) M.D.  
Address St. Genevieve Mo. Date signed 9-17-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

95  
0  
9

RECEIVED

District Health Officer No. 4  
District File Number 1047-1262  
Date Filed 10-2-42

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Adrian J. Ekler....., Registered Apprentice No. 34  
working under my personal supervision.

Signed Geo. C. Basher.....

Licensed Embalmer No. 1985

P. O. Address Dr. Jennings Ave

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**